offices—phlebologists, dermatologists, and plastic, vascular, and general surgeons.

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Textbook of critical care, 4th edition

W. C. Shoemaker, S. M. Ayres, A. Grenvik, P. R. Holbrook; Philadelphia; 2000; WB Saunders; 2227 pages; $165.00.

This book is a comprehensive text of up-to-date information on critical care medicine. At over 2100 pages, it is quite lengthy; however, it is extremely well organized and contains 202 chapters by more than 300 reputable authors in their respective fields. Despite the large amount of information contained within, this textbook is quite user friendly. The chapters are cleverly arranged as if the reader is following a critically ill patient through the entire hospital course, from the prehospital management to the complications involving each organ system. It still manages to discuss the administrative and ethical issues of critical care at the end of the textbook.

From the standpoint of surgical critical care, this textbook is very practical. The first part of the book discusses the basic management, common procedures, and medications encountered in the intensive care unit setting. This is an ideal reference for surgical residents rotating through the intensive care unit. The basic scientific and physiological aspects of critical care are incorporated into the discussion of the clinical status, allowing the reader to understand the theory behind the formulas and principles mentioned in critical care textbooks. The graphs, illustrations, and color images are well explained and of good quality.

The discussions on the diagnosis and therapy of vascular diseases in critically ill patients are dispersed among other larger headings throughout the entire book. Vascular injuries in trauma are divided according to body regions such as the neck, thorax, and abdomen. Venous thromboembolic diseases and their management are mentioned in the hematology/oncology section. Underlying primary vascular diseases such as abdominal aortic aneurysms, mesenteric ischemia, and carotid diseases comprise a chapter within the cardiovascular section of the book. In addition, imaging modalities and interventional procedures are detailed in the section on imaging in the intensive care setting.

In summary, this text is an excellent resource for critical care medicine. In addition to adult critical care, there are a fair number of chapters on pediatric care. The book takes a very practical approach to clinical problems, and the way in which the chapters are arranged allows for a quick and easy reference in the intensive care unit setting. This text would be very helpful to have on the bookshelf of every intensive care unit.

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Intraoperative graft patency verification in cardiac and vascular surgery

Giuseppe D'Ancona, Hratch Jaramanokian, Marco Ricci, Tomas Salero, Jacob Bergsland; Armonk, NY; 2001; Futura; 246 pages; $80.00.

This book is predicated on the premise that intraoperative verification of a coronary bypass should be done in all cases. In spite of the title, it is a book about evaluation of coronary bypass grafts.

The first three chapters provide a brief but adequate description of the physics and physiologic background needed to understand intraoperative flow measurements. The rest of the book is a series of short chapters in which the various authors give their individual views and experiences.

They discuss the use of Doppler flow meters and electromagnetic flow meters mainly to state that they are no longer useful or appropriate. Most of the experience described is with the newer Transit Time Flow Meter. The virtues of this newer method are delineated and data are provided, indicating that it is a very accurate method for measuring flow.

Where they fail is in their lack of convincing data that the measurements select out the grafts with minor or moderate technical problems that need correcting. They state clearly that grafts with very low flows will not have equally good long-term patency. They also state that this lack of long-term patency is a result of many factors, most of which are not correctable at the time of surgery.

This is not to say that intraoperative flow measurements have not selected out grafts that require major revision. It is the grafts with mild or moderate technical problems that their data indicate are missed. Seeing high flow with normal waveforms provides the surgeon with the confidence that the anastomosis is technically good.

This is a good book for cardiac surgeons faced with the need for quality control of their surgery. It is not a book for vascular surgeons.

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Cardiac anesthesia: Principles and clinical practice, 2nd edition

F. G. Estafanous, P. G. Barash, J. G. Reves; Philadelphia; Lippincott, Williams & Wilkins; 1056 pages; $195.00.

The preface to the first edition states that this textbook was conceived "to fill the void between handbooks of cardiac anesthesia and encyclopedic textbooks of the field." Estafanous' *Cardiac anesthesia* is by no means a small book; it has grown to 1035 pages. However, the body of knowledge in the area of cardiac anesthesia and surgery has matured so much in recent years that this work still lies somewhere between a manual and a larger textbook. Compared with the first edition, the format has changed little, but new material has been added and there are new authors in several chapters.

Cardiac anesthesia: Principles and clinical practice is an attractive book although somewhat costly for the binding and paper quality. The pages are rather thin and the overall construction is not particularly sturdy.

The strength of the book lies in the prose employed. It is easy to read and consistent from chapter to chapter. This is remarkable, considering that the number of authors for each chapter varies greatly. Although some chapters have one author, other chapters can have as many as five different authors.

Although the book concentrates mainly on issues pertaining to cardiac surgery, the vascular surgeon will find many chapters useful. Particularly pertinent are the chapters on physiology, pharmacology, and arrhythmia treatment. They are excellent sources of references and represent an up-to-date and in-depth review of these topics. Many chapters have numerous graphs and illustrations, which help explain concepts. Some chapters could have been enhanced by more illustrations. In addition, some of the illustrations are small, and they would have been easier to interpret if they were larger.

The book is fairly consistent in its organization, and it is easy to use. Most chapters have a summary or conclusion at the end. The references provided in each chapter are a strong point. Many articles are recent and carefully selected.

Overall, I found the book to be useful. I particularly enjoyed the chapter on the history of cardiac anesthesia and surgery, and